

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90032 014 ***158.75

DOCUMENT # 253510

1. Corporation Name
MEDICORE, INC.

Principal Place of Business
**2337 WEST 76 ST
HIALEAH FL 33016
US**

Mailing Address
**2337 WEST 76TH ST
HIALEAH FL 33016
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/29/1961

4. FEI Number
59-0941551

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OUZTS, DANIEL R.
2337 WEST 76TH ST
HIALEAH FL 33016**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
LANGBEIN, THOMAS K
STREET ADDRESS
777 TERRACE AVE., #517
CITY-ST-ZIP
HASBROUCK HEIGHTS NJ

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
D'AMORE, ANTHONY C.
STREET ADDRESS
777 TERRACE AVE., #517
CITY-ST-ZIP
HASBROUCK HEIGHTS NJ

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
FRIEND, SEYMOUR
STREET ADDRESS
2337 WEST 76 ST
CITY-ST-ZIP
HIALEAH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
OUZTS, DANIEL R
STREET ADDRESS
2337 WEST 76 ST
CITY-ST-ZIP
HIALEAH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
JAFKE, LAWRENCE E
STREET ADDRESS
777 TERRACE AVE., #517
CITY-ST-ZIP
HASBROUCK HGT NJ

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
FISCHBEIN, PETER D
STREET ADDRESS
777 TERRACE AVE., #517
CITY-ST-ZIP
HASBROUCK HEIGHTS NJ

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Director
Mabarr, Robert P.
777 Terrace Ave., Room 517
Hasbrouck Heights NJ 07604

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99
Date

(305) 558-4000
Daytime Phone #

CR2F034 (11/98)